Registration District No. 5.1. Registration No. 5.1. Registration District No. 5.1. Registration No. 5.1. Registration District No. 5.1. Registration No. 5.1. Reg	Health,		FILED JAN 7 1958 STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER	<u>)</u>
1. PLACE OF DEATH 2. USUAL RESIDENCE (where deceased lived. If institution Residence halors as STATE MISSOCIETY OF COUNTY LOGICS 2. STATE MISSOCIETY OF COUNTY LOGICS 3. STATE MISSOCIETY OF COUNTY LOGICS 4. COUNTY STATE MISSOCIETY OF COUNTY LOGICS 5. COUNTY STATE MISSOCIETY OF COUNTY LOGICS 6. COUNTY STATE MISSOCIETY OF COUNTY LOGICS 7. STATE MISSOCIETY LO	. Public	•	310	2302-
D. CITY (If outside represents lights, give TOWNSHIP only)  The state of the state	Sarvice			admission)
HOSPITAL ON J. Law's Co. Hosp.   Page   Street Marrier   Page   Street Marrier   Page   Page	5. 300 · 1.56	ତ	b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits   c. CITY   OR   Vac N No. 11   OR   OR   Vac N No. 11   OR   OR   Vac N No. 11   OR   OR   OR   OR   OR   OR   OR	nside Limits
3. MANKE OF PICE ASSET OF PICE	AII *•		HOSPITAL OR (If outside, give location)	7
Compared to the property   Compared to the pro	rads.		3. NAME OF First Middle Last   4. DATE Month Day	Year
The conditions of the properties of the control of the condition of the	ts i e		(Type or print) LEALLE E. Smith DEATH 12 99	1957
STORE OPERATOR SHORE HOMEON STORES AND DEATH EDITED BY THE FORMAN STORES MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES)  15. WAS DECEASED EVER IN U. S. ARMED FORCES)  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. FATHER'S NAME  19. WAS DECEASED EVER IN U. S. ARMED FORCES)  19. WAS DECEASED EVER IN U. S. ARMED FOR EXCENSION FOR THE PART II OF	o not		last birthday) Months Days	
15. MAS DECEASED EVER IN U. S. ARMED FORCES?  (Yv. m. st. prophagen) (If yr. m. ty year odds) ye strain)  18. CAURE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAURE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAURE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  19. WAS ALTOPSY IN MEDIATE CAUSE (a) BLE COLLEGE (b) and (c).]  Conditions, if ye between the following the under cause (a), studing the under cause (b), studing the under cause (a), studing the under cause (b), studing the under cause (c), studing the under cause (d), studing the under cause	due t	<u>.</u>	during most of working life, even igretired)	LT COUNTRY?
15. MAS DECEASED EVER IN U. S. ARMED FORCES?  (Yv. m. st. prophagen) (If yr. m. ty year odds) ye strain)  18. CAURE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAURE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAURE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  19. WAS ALTOPSY IN MEDIATE CAUSE (a) BLE COLLEGE (b) and (c).]  Conditions, if ye between the following the under cause (a), studing the under cause (b), studing the under cause (a), studing the under cause (b), studing the under cause (c), studing the under cause (d), studing the under cause	ympt Jeath	8188		<u> </u>
18   CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).				· //
PART I. DEATH MAS CAUSED BY:  IMMEDIATE CAUSE.(a)  DIE TO (b)  Which gave rise (o)  above cause (e).  stating the under put TO (c)  STATE  Conditions, if any, which gave rise (o)  above cause (e).  stating the under put TO (c)  STATE  Conditions, if any, which gave rise (o)  above cause (e).  stating the under put TO (c)  STATE  Conditions, if any, which gave rise (o)  above cause (e).  stating the under put TO (c)  STATE  Conditions, if any, which gave rise (o)  above cause (e).  stating the under put TO (c)  STATE  Conditions, if any, which gave rise (o)  stating the under put TO (c)  STATE  Conditions, if any, which gave rise (o)  stating the under put TO (c)  stating the under put TO (c)  STATE  Conditions, if any, which gave rise (o)  stating the under put TO (c)  statin	் க் >	u 1		HUR
Conditions, if any, which gave rise to above cause (a), stating the underly put to (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  STATE  DUE TO (c)  STATE  DUE TO (c)  STATE  ST	item t cert	r K	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:    Compared to the content of the con	AL BETWEEN
which gave rise to door cause (a), stating the under- stating the unde	re in cano		IMMEDIATE LAUSE (d)	COUR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION	sclatu oner c	N D	which gave rise to	
20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item:18.)  20. TIME OF Hour Month, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  20. TIME OF HOUR MONTH, Day, Year INJURY of a.m., p. m.  21. I attended the deceased from 12-22-37, to 12-27-57, and last saw her alive on hour hour months date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE (Degree or title).  22a. SIGNATURE (Degree or title).  22a. BURIAL CREMATION, 23b. DATE (23c. NAME OF CEMETER) OR CREMATORY (23d. LOCATION (City, town, or county) (State)  22a. BURIAL CREMATION, 23b. DATE (23c. NAME OF CEMETER) OR CREMATORY (City, town, or county) (State)  22b. TIME OF THE O	~ ~		z stating the under- lying cause last. Due to (c)	
THE STATE OF THE OF HOUR Month, Day, Year INJURY (e.g., in or about home, 20/. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT NOT WHILE TO NOT WHILE			S Generalized Arteriosclarusis YES	FORMED?
The state of the s	y sto	ا ڏِ	20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	
WHILE AT NOT WHILE   farm, factory, street, office bldg., etc.)  21. I attended the deceased from 12-22-57 to 12-27-57 and last saw her alive on Death occurred at 5:35 A: m on the date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE (Degree or little) 22b. ADDRESS Brent wood 12-20-17  23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county) (State)  24. FUNERAL DIRECTOR ADDRESS KINIOCH 25. DATE RECD. BY LOCAL REG. 26. BIGISTRIR'S SIGNATURS  BOUND BROS FUNERAL HIME MO. 12-28-51 Allocat Vacantilles	• 6	- 1	13 INJURY a.m.	
Death occurred at 6:35 Air mon the date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE (Degree or little).  22b. ADDRESS  22c. DATE SIGNAT  22c. DATE SIGNAT  22d. DATE SIGNAT  23d. BURIAL, CREMATION, 23b. DATE  23d. BURIAL, CREMATION, 07 county) (State)  23d. BURIAL, CREMATION, 23b. DATE  23d. BURIAL, CREMATION, 23b. DATE  23d. BURIAL, CREMATION, 07 county)  23d. LOCATION (City, town, or county)  25d. BURIAL, CREMATION, 07 county)  25d. DATE RECD. BY LOCAL REG.  26d. BURIAL, CREMATION, 07 county)  25d. DATE RECD. BY LOCAL REG.  26d. BURIAL, CREMATION, 07 county)  25d. DATE RECD. BY LOCAL REG.  26d. BURIAL, CREMATION, 07 county)  25d. DATE RECD. BY LOCAL REG.  26d. BURIAL, CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL, CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL, CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL, CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL, CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL, CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL, CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL, CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL CREMATION, 07 county)  27d. DATE RECD. BY LOCAL REG.  27d. BURIAL CREMATION, 07 county)  27d. DATE SIGNATURE  27d. DATE SIGNATURE		,	WHILE AT NOT WHILE TO Jarm, Jactory, street, office bldg., etc.)	STATE
22a. SIGNATURE (Degree or little). U 22b. ADDRESS Brent wood 12.2017  23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county) (State)  PREMOVAR (Specify) Dawl, 1957 (DASHINGTON PALK ST. Louis Co. M.6.  24. FUNERAL DIRECTOR ADDRESS KINIOCH 25. DATE RECD. BY LOCAL REG. 26. FIGISTRIPS SIGNATURED  Bayd Bros Funeral Hims Mo. 12-28-59 Hinder V Downley Miles	- <del>2 -</del> - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	٦	21. I attended the deceased from 12-22-57, to 12-27-57 and last saw her him	
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  PREMOVAR (Specify)  DW 1/957 WASHINGTON PALK  24. FUNERAL DIRECTOR  ADDRESS KINIOCH 25. DATE RECD. BY LOCAL REG. 26. FIGISTRIR'S SIGNATURED  BOY BROS FUNERAL HIME MO. 12-28-59 HINDER ADDRESS KINIOCH 25. DATE RECD. BY LOCAL REG. 26. FIGISTRIR'S SIGNATURED	Par	ĺ		
Brendyak (Speigs) Jaw 1, 1957 Washing for PALK St. Louis Co Mo.  24. FUNERAL DIRECTOR ADDRESS KIN/OCH 25. DATE RECD. BY LOCAL REG. 26. PLGISTRIR'S SIGNATURED  BOYD BROS FUNERA HOME MO. 12-28-51 Honor North	coro			-28-17
Boyd Bros Funerattime Mo. 12-28-51 Herbert Nomber 1000	Doctor, disease	L	BURIAT Jan 1. 1957 Washington PACK St. Louis Co. Mo.	(State)
(Licensed Embalmer's Statement on Reverse Side)	<del></del>		BOUG BROS FUNERAL DIRECTOR ADDRESS KINIOCH 25. DATE RECD. BY LOCAL REG. 26. AFGISTRIR'S SIGNATURED TO THE PROPERTY OF THE PROP	lo nuo
			(Licensed Embalmer's Statement on Reverse Side)	de

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb by me, or by ..... .. Student Embalmer No ...

working under my personal supervision...

Licensed Embalmer No.

P. O. Address:

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be-so stated above.

Signature of Student Embalmer

Student .....